

Mandatory Voluntary Participation RETURN BY FAX TO: STATE OF TENNESSEE FAX NO. 615532-2299

COMPANY NAME:	Co. Contact Person:	
COMPANY ADDRESS:	Phone Number:	
CITY/ STATE/ ZIP:	FEIN:	
ACCOUNT TYPE (Type of Tax):	TN Tax Acct #:	
Please indicate your option and complete the information requ	uired with that option. Return this form with	in 10 days of receipt.
ACH Debit Complete all banking information (signature required).	ACH Credit No further information necessary (signature required).
Checking Savings		
Bank Name:	_	
Bank City, State:	_	
American Bank Assoc.# (Routing #)	_	
Bank Account Number:	_	
Please attach one of the following types of bank veror letter from bank. If ACH Debit is chosen, the ta Revenue to present debit entries into the bank according Electronic Funds Transfer Payments that the taxpay	xpayer hereby authorizes the Tenness unt given above. These debit entries	ee Department of
Signature	Title	Date

FOR EMERGENCY BACK-UP FOR ACH DEBIT OR CREDIT, TAXPAYERS MAY USE A FED-WIRE TRANSFER. For instructions on initiating a fed-wire transfer, please contact the Electronic Commerce Unit at 866-368-6374 (for in-state calls) or 615-253-0704 (for Nashville or out-of-state calls.)

TENNESSEE DEPARTMENT OF REVENUE

RV-F1304601 (Rev. 2-06)



FOR TAX ACCOUNTS

	lets into one payment transaction, therent per payment transaction. You must	you only need to sign and return one
number below and return this list w		fer Agreement. If more than 66 outlets
must be listed, please copy this for	in or continue fishing on the buck of the	15 101111.
		
		
		
		
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RV-F1304501 Rev 1-02